

## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWA' STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	/F:4\	(N.C1 -11 - )	TELEBURALE.	
NAME(Last)	(First)	(Middle)	TELEPHONE	
Burns	Pame1a		946-2187 ext. 202	
MAILING ADDRESS (Street)	FAX			
2700 Waialae Avenue	9556034			
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	968	96826	
EMPLOYING ORGANIZATION	TELEPHONE			
Hawaiian Humane Soc	946-2187			
MAILING ADDRESS (Street)	FAX			
2700 Waialae Avenue	955–6034			
(City)	(State)	(Zip	Code)	
Hawaii		060	96826	

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LO	TELEPHONE					
Hawaiian Huamne Societ	946–2187					
MAILING ADDRESS (Street)	FAX					
2700 Waialae Avenue	955–6034					
2700 Walaide Avenue		933-0034				
(Cit.)	(Chara)	(Zip Code)				
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96826				
NAME OF PERSON RESPONSIBLE FO	TELEPHONE					
Felix Young		946-2187 ext. 201				
MAILING ADDRESS (Street)		FAX				
2700 Waialae Avenue		955–6034				
2700 watatae Avenue	777-0034					
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96826				

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
x	Agriculture		Education	Human Services	Science, Technology & Economic Development
	Communications & Public Utilities	X	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
	Consumer Protection & Commerce		Hawaiian Affairs	Labor & Employment	Transportation
	Culture, Arts, Historic Preservation		Health	Planning, Land & Water Use Management	X Other: (indicate below)  Animal related
X	Ecology, Energy Environmental Protection		Housing	Public Safety & Corrections	issues

PART IV CERTIFICATION	ON OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Thereby certify that the	e illigitiation furnished above is,	to the best of my knowled	ge, correct and complete.			
\ <i>/\<b>Ո</b></i> MւԽ	/// Ja					
\\	(Signature of Lobbyist)					
	(C. griatare of Ecopyroty		(Date)			
PART V AUTHORIZATI	ON TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Pamela Burns President and CEO						
ramera buins		riesident and CE	9			
NAME OF ORGANIZATION (if a		TELEPHONE				
Harridge Harris Cont			0/6 0107 200			
Hawaiian Humane Soci	ety		946-2187 ext. 202			
14411 INO ADDDEGG (014)	THE PARTY OF THE P		FAV			
MAILING ADDRESS (Street)			FAX			
0700 4 4						
2700 Waialae Avenue			955–6034			
(City)	(State)	(Zip (	(Zip Code)			
Honolulu	Hawaii	968	96826			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
The same and an area and area						
l Vand '	la .	Jan	uary 28, 2005			
\	\\ \-					
(Signature of Authorizing Officer or Person Represented) (Date)						